

## EVALUATING TEAM EFFECTIVENESS IN A PRIMARY HEALTH CARE TEAM

### INTRODUCTION

Interprofessional (or interdisciplinary) service delivery is a key element distinguishing primary health care teams. An interprofessional team approach involves professionals with specialized knowledge and skills coming together to work toward the achievement of a shared goal, ensuring that clients have ready access to a range of services. Well structured interprofessional primary health care teams are groups of individuals with complementary skills working together to deliver services for which they are mutually accountable.

## **TEAM EFFECTIVENESS TOOL**

Primary health care teams are encouraged to conduct periodic assessments of progress, preferably at least annually. The attached *Team Effectiveness Tool* has been developed to assist primary health care teams in evaluating their interprofessional approach. The instrument provides an assessment of key elements of team functioning, including team purpose and vision, roles, communication, service delivery, team support, and partnerships. Over time, completion of the *Team Effectiveness Tool* will strengthen the team by measuring its progress and providing members with practical guidance for future direction.

## **ADMINISTRATION**

Completion of the *Team Effectiveness Tool* requires approximately 15 minutes. Each member of your team should independently complete the tool, responding according to the effectiveness of your current primary health care team. Please keep in mind that your primary health care team is more than your immediate department or work group.

Please return your completed survey through inter-office to Faye Hoium at Tatagwa View or email the completed form to <u>faye.hoium@schr.sk.ca</u>. The responses of all of the members of your primary health care team will be combined and provided to your team as overall team results. Individual scores will be kept confidential to ensure anonymity. The information gathered from these assessments will be used in aggregate form as part of the evaluation of individual primary health care sites as well as broader evaluation of the SCHR primary health care agenda.

Your primary health care team will be provided opportunity for facilitated discussion of the team results to make meaning of the results and plan future directions.

# **PRIMARY HEALTH CARE** TEAM EFFECTIVENESS TOOL

Please rate your primary health care team by circling the number on the scale that corresponds to your perceptions with respect to each statement. Rate the degree to which each component has been implemented within your team using a scale ranging from 1 (Just Started) to 7 (We're There). Space is provided on the last page to allow for further comments.

Circle only one number per item.

PRIMARY HEALTH CARE TEAM: DATE:

#### A. TEAM PURPOSE AND VISION

An interdisciplinary team approach involves individual professionals coming together to work towards the achievement of a shared goal. Team members have a common understanding of the reason for the team's existence and future direction and share responsibility for the team's success.

Components	Just S	Started	(	On The Roa	We're	There	
A1. Team purpose is clearly understood by all members.	little or no understanding					everyone clearly understands the purpose	
	1	2	3	4	5	6	7
A2. The team meets regularly for planning.						• •	y scheduled meetings
	1	2	3	4	5	6	7
A3. The team has a shared, common agreement about its	almost alv	vays disagree	some agreement about strategies				nost always strategies
strategies to achieve its goals.	1	2	3	4	5	6	7
A4. The team reviews its current effectiveness.				review team veness			
	1	2	3	4	5	6	7

#### **B. ROLES**

Each team member has a unique perspective to offer. Members of a high performance team have a clear understanding of their roles and responsibilities, have confidence in each other's performance, and support one another.

Components	Just S	On The Road			We're	There	
B1. Team members are clear on what is expected of them.		no knowledge ctations		some roles have clearer expectations than others			efinitions of ons for all
	1	2	3	4	5	6	7

B2. Team members understand their role within the team.		nal or no ding of roles		understanding of roles, but some discrepancies			knows their accordingly
	1	2	3	4	5	6	7
B3. Team members accept insights, knowledge and perspectives brought by members of professions	limited or no communication between different professions some acceptance of different insights, but could be better acceptance of from different pro-						
other than his/her own.	1	2	3	4	5	6	7
B4. Team-based functions are shared across professional boundaries.		e or no team- based some sharing of team- functions based functions, but still unequal distribution professions			red across		
	1	2	3	4	5	6	7
B5. The team works as a cohesive group.	little or	no cohesion		some parts of team entire team more cohesive than others cohesio			
	1	2	3	4	5	6	7
B6. Abilities, knowledge and experience are fully utilized by the team.	unique attributes of different professions ignored utilize unique attributes of various team members utilis		still room to better utilize unique attributes of			nember fully	
	1	2	3	4	5	6	7

### C. COMMUNICATION

When a team is performing as a high performance team, communication is open and without fear of embarrassment. Team members cooperate and collaborate with one another and seek to understand the perceptions of others. There is full participation and contribution.

Components	Just	Started	(	On The Roa	nd	We're There			
C1. Team members are open and authentic when communicating.	little or no communication within group		some open and authentic communication, but improvement still needed			authentic communication, but improvement still		open and authentic communication from all team members	
	1	2	3	4	5	6	7		
C2. Meetings and between meeting communications are effective.		e or no inication	the	still room to improve the effectiveness of communication		communic	eryone cates in an manner		
	1	2	3	4	5	6	7		
C3. When differences occur, they are dealt with reasonably.		effective resolution of differences		e means in <i>v</i> ith differend sonable ma	ces in a	dealt with in	f differences a reasonable r all parties		
	1	2	3	4	5	6	7		

C4. The team uses consensus decision making where possible.	no consei ma	determ	means in place to determine consensus, but not always used			onsensus is mongst all of the team	
	1	2	3	4	5	6	7
C5. Leadership is shared and reasonably delegated in line with areas of competence.	leadership is dominated by one part of team competence, but still unequally shared leadership shared leadership sh reasonably de		delegated in line with competence, but still				
	1	2	3	4	5	6	7
C6. There is smooth flow of information among team members.	no flow o	f information	limited information flow			information is efficiently shared amongst the team	
	1	2	3	4	5	6	7
C7. There is limited overlap of roles among team members.	•	nt overlap of les	sor	ne overlap o	of roles	limited ov	erlap of roles
	1	2	3	4	5	6	7
C8. Decisions are made and followed through to implementation.	made or follo	ns are rarely bwed through on	-	ometimes fo ugh on decis		most decisions followed through to implementation	
	1	2	3	4	5	6	7
C9. Common charts are used where possible.	rarely or	never used	us	sed often bu consistently		consis	tently used
	1	2	3	4	5	6	7

### D. SERVICE DELIVERY

When a team is performing as a high performance team, there is a clear definition of, commitment to and progress toward team goals. Work is organized to accomplish goals and team members know their responsibilities.

Components	Just	Started	On The Road some team members more clear than others			some team members team is clear on	
D1. The team is clear on how it provides its services.		y on service vision					
	1	2	3	4	5	6	7
D2. The team covers the continuum of services from prevention to rehabilitation.		ervices not ered 2	some services in continuum need improvement			covers serv	onsistently vices across ontinuum 7
D3. Working as a team has resulted in service delivery being more integrated and coordinated.	as an inte	fectively work grated and ated team 2	345 some integration and coordination3434			service integra	delivery is ted and inated 7

D4. The team spends an appropriate amount of time planning and delivering preventative programs.	no tir	ne spent	son	ne time sper needed 4	nt, more	appropria	ate time spent
D5. The team does <u>not</u> lack membership from a group or profession that would significantly enhance its ability to function effectively.		ite lack of pership 2	th	nough not re ne addition o fession wou welcomed 4	f a Id be	have eve	ryone needed

### E. TEAM SUPPORT

Team members within an effective team feel supported by one another and from the organization as a whole.

Components	Just	Started		On The Road We're There		There		
E1. There is high trust and confidence amongst team members.	confidence amongst some more than			amongst some more than			d confidence ngst all	
	1	2	3	4	5	6	7	
E2. Team members work as a cohesive group.		fragmented	SO	. some more cohesive all members work than others cohesively				
	1	2	3	4	5	6	7	
E3. Team members feel comfortable providing feedback when expectations are or are	rarely pro	vide feedback		dback given serious situ			tive feedback all members	
not met	1	2	3	4	5	6	7	
E4. Team members have the opportunity to develop their skills within	little or n	o opportunity		some have more opportunity than others			equal opportunity	
the team.	1	2	3	4	5	6	7	
E5. Strategies are in place to support team development.	little or no strategies		strategies in place, but not utilised			d strategies in and used		
	1	2	3	4	5	6	7	
E6. The team provides support to individual members through	little or	no support	some support availab but not utilised			support available and used		
difficult situations.	1	2	3	4	5	6	7	

#### F. PARTNERSHIPS

An effective interdisciplinary primary health care team creates a framework of support and links with other individuals, teams and service providers outside the team, department or organization for the best results.

Components	Just	Started	(	On The Roa	ad	We're	There
F1. The team involves the community in the planning and delivery of	little or no community room for improved community co involvement involvement involved						
programs and services.	1	2	3	4	5	6	7
F2. The team effectively involves itinerant team members.	itinerant invo	could involve itinerant members more effectively				nvolvement of members	
	1	2	3	4	5	6	7
F3. The team has developed partnerships with intersectoral groups to plan and deliver	little or no	o partnerships	partnerships in place, good part but could be used more place				
services.	1	2	3	4	5	6	7
F4. Committees have been established to support the core team in improving the delivery of	little or n	o committees		mittees esta a selected a			ees in place effectively
services.	1	2	3	4	5	6	7
F5. There is increased participation by the client in decisions related to self, family and		little or no client good, but room for effectively involvement in decision-mail process		-			on-making
community programs.	1	2	3	4	5	6	7

#### **COMMENTS:** (optional)

NAME (optional):\_\_\_\_\_

ROLE (optional):\_\_\_\_\_

This tool was developed using content from the Team Effectiveness Tool (Saskatchewan Health Primary Health Services Branch, 2002) and the Community Capacity Building Tool (Public Health Agency of Canada, 2007).